PART B - FEE(S) TRANSMITTAL

Complete and send this form, together

applicable fee(s), to: Mail Mail Stop ISS Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through

appropriate. All further indicated unless corrected maintenance fee notifical	correspondence includir d below or directed oth	ng the Patent, advance of the rewise in Block 1, by (a	rders and notification of a a) specifying a new corres	maintenance fees w spondence address;	ill be mailed to the currer and/or (b) indicating a sep	nt correspondence address as parate "FEE ADDRESS" for	
CURRENT CORRESPOND	Fee	(s) Transmittal, This	s certificate cannot be used	for domestic mailings of the for any other accompanying nent or formal drawing, must			
SUITE 800	BUILDING - 875 1	72006 STH STREET, NW	I he Stat	Cert reby certify that thi es Postal Service w	rificate of Mailing or Trans s Fee(s) Transmittal is being ith sufficient postage for fi		
WASHINGTON	, DC 20005-2221					(Depositor's name)	
			<u></u>			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/085,658	10/085,658 02/27/2002		David Henry Solomon		LIFT-008700US 8649		
APPLN. TYPE	SMALL ENTITY	RANES AND USES THE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE	
					``		
nonprovisional EXAM	YES	\$700 ART UNIT	\$300 CLASS-SUBCLASS	\$0]	\$1000	11/15/2006	
HARLAN, ROBERT D		1713	525-056000	J			
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternati (2) the name of a single registered attorney or	single firm (having as a member a by or agent) and the names of up to that attorneys or agents. If no name is			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the documer recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (1) by the liberate below, the documer coordation as set forth in 37 CFR 3.11. Completion of this form is NOT as substitute for filing an assignment (1) by the liberate below, the documer coordation as set for the liberate below, the documer coordation as set for the liberate below, the documer coordation as set for the liberate below, the documer coordation as set for the liber							
Advance Order - # of Copies Three (3)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1283 (enclose an extra copy of this form).				
i. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nterest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature	/house	A. Bl.·L		Date <u>Nove</u>	mber 15, 2006		
Typed or printed name	Thomas A. I	Blinka n		Registration No	o. <u>44,541</u>		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.							

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.